# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST	MI	OFFICE USE ONLY
NAME	MR ThEORORE		Date Received
	NICKNAME LAST MENG	SUFFIX .	MAY 0 1 2014
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE#; CITY;  H. F. DEFECTOT DR ROUND R	STATE; ZIPCODE  POLIK TEXAS 78664	Date Hand-delivered or Postmarked
change of address			Receipt # Amount
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (512) 797 9214	EXTENSION	Date Processed
6 CAMPAIGN TREASURER NAME	MS MRS / MR FIRST  NICKNAME  LAST	MI L SUFFIX	MAY 0 1 2014
	RICHARDS	- JUPIN	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO POBOX PLEASE); APT/SUITE#;	CITY: STATE: ROCK,	ZIP CODE  78664
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (281) 770-6074	EXTENSION	
9 REPORT TYPE	January 15 30th day before election  July 15 8th day before election	Runoff  Exceeded \$500	15th day after campaign treasurer appointment (officeholder only)  Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year  3/31/2114  THROUGH	Month D	Year 1 2014
11 ELECTION	ELECTION DATE Month Day Year Primary	Runoff 🗹 o	Seneral Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)  Cifey Cowkl	L PLAT 1
GO TO PAGE 2			

#### **CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS**

P.O. Box 12070

#### FORM C/OH COVER SHEET PG 2

14 C/OH NAME		<b>15</b> A	CCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	COMMITTEE TYPE  COMMITTEE NAME  TO NEW O  COMMITTEE ADDRESS		
	SPECIFIC	405 PEERFOOT DR ROUND POO	ch Texas
additional pages		COMMITTEE CAMPAIGN TREASURER NAME  She ref Richards	
		COMMITTEE CAMPAIGN TREASURER ADDRESS 405 PEERSOUT PR ROUND ROCK	TEXAS
17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$		\$ 50
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$		
	4. TOTAL POLITICAL EXPENDITURES \$ 754.75		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ \152.80		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		
18 AFFIDAVIT			
SARA LEIGH WHITE MY COMMISSION EXPIRES July 11, 2016  I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.  Signature of Candidate or Officeholder			
AFEIV 1107-1717 5-1-1-1	D / 0541 AD01/5		
Sworn to and subs		me, by the said teb Mencr	, this the
	of May		
Signature of officer administering oath			

#### **POLITICAL EXPENDITURES**

P.O. Box 12070

SCHEDULE F

	EXPENDITURE CATEGORIES	TOR BOX 0(a)	
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement		
Accounting/Banking	Legal Services Solicitation/Fundra		
Consulting Expense	Food/Beverage Expense Travel In District		
Event Expense Fees	Polling Expense Travel Out Of Dis Printing Expense Office Overhead/I		
1 663	The Instruction Guide explains how to	100 N 100000	
1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)	
4 Date	F Device name		
4 Late	5 Payee name		
4(4)14	GOT TRINT, COM		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
18.14			
70117	·	,	
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)	
OF		D	
EXPENDITURE	HOVERTISING	WATER DOTTLE STICKERS	
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held	
expenditure to benefit C/0			
Date /	Payee name		
24/1\ c	FACE DOOK ADVERTISIN	6 ADS 650 543 7818 CA	
Amount (\$)			
Amount ( $\phi$ )	Payee address; City; State; Zip Code		
2		e e	
25.73			
		T	
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
	l a	1 N	
EXPENDITURE	ADVERTISING	ADUERTISING	
EXPENDITURE	ADVERTISING	ADVERTISING	
EXPENDITURE  Complete ONLY if direct	Candidate / Officeholder name	ADVERTISING Office sought Office held	
EXPENDITURE	Candidate / Officeholder name		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		
EXPENDITURE  Complete ONLY if direct	Candidate / Officeholder name  DH  Payee name	L	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	L	
Complete ONLY if direct expenditure to benefit C/C	Payee address; City, State; Zip Code	Office sought Office held	
Complete ONLY if direct expenditure to benefit C/C	Payee address; City, State; Zip Code	Office sought Office held	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name  DH  Payee name  ARTY CTTY	Office sought Office held	
Complete ONLY if direct expenditure to benefit C/C  Date  Amount (\$)	Payee name Payee address; City, State; Zip Code	Office sought Office held	
Complete ONLY if direct expenditure to benefit C/C  Date  Amount (\$)	Payee name Payee address; City, State; Zip Code	Office sought Office held	
Complete ONLY if direct expenditure to benefit C/O	Payee name PARTY CTTY Payee address; City, State; Zip Code  2601 535 ROUND  Category (See categories listed at the top of this schedule)	Office sought  Office held  ROCK TV 78664  Description (If travel outside of Texas, complete Schedule T)	
EXPENDITURE  Complete ONLY if direct expenditure to benefit C/C  Date  Amount (\$)  PURPOSE	Payee name PARTY CTTY Payee address; City, State; Zip Code 2601 535 Round	Office sought Office held  ROCK IX 78664	
EXPENDITURE  Complete ONLY if direct expenditure to benefit C/O  Date  Arount (\$)  PURPOSE OF EXPENDITURE	Payee name PARTY CTTY Payee address; City, State; Zip Code  2601 535 ROUND  Category (See categories listed at the top of this schedule)	Office sought  Office held  ROCK TV 78664  Description (If travel outside of Texas, complete Schedule T)	
EXPENDITURE  Complete ONLY if direct expenditure to benefit C/C  Date  Amount (\$)  PURPOSE  OF  EXPENDITURE  Complete ONLY if direct	Candidate / Officeholder name  Payee name PARTY CTY Payee address; City; State; Zip Code  ZGO 1 535 ROUND  Category (See categories listed at the top of this schedule)  EVENT EXPENSE  Candidate / Officeholder name	Office sought  Office held  ROCK TY 78664  Description (If travel outside of Texas, complete Schedule T)  FLACS	
EXPENDITURE  Complete ONLY if direct expenditure to benefit C/O  Date  Arount (\$)  PURPOSE OF EXPENDITURE	Candidate / Officeholder name  Payee name PARTY CTY Payee address; City; State; Zip Code  ZGO 1 535 ROUND  Category (See categories listed at the top of this schedule)  EVENT EXPENSE  Candidate / Officeholder name	Office sought  Office held  ROCK TY 78664  Description (If travel outside of Texas, complete Schedule T)  FLACS	
EXPENDITURE  Complete ONLY if direct expenditure to benefit C/C  Date  Amount (\$)  PURPOSE  OF  EXPENDITURE  Complete ONLY if direct	Candidate / Officeholder name  Payee name PARTY CTY Payee address; City; State; Zip Code  ZGO 1 535 ROUND  Category (See categories listed at the top of this schedule)  EVENT EXPENSE  Candidate / Officeholder name	Office sought  Office held  ROCK TY 78664  Description (If travel outside of Texas, complete Schedule T)  FLACS	
EXPENDITURE  Complete ONLY if direct expenditure to benefit C/O  Date  Amount (\$)  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/O  Date	Candidate / Officeholder name  Payee name PARTY Payee address; City, State; Zip Code  Code  Code  Category (See categories listed at the top of this schedule)  EVENT EXPENSE  Candidate / Officeholder name  H  Payee name	Office sought  Office held  ROCK TY 78664  Description (If travel outside of Texas, complete Schedule T)  FLACS	
EXPENDITURE  Complete ONLY if direct expenditure to benefit C/C  Date  Amount (\$)  FURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name  Payee name  PARTY CTTY  Payee address; City, State; Zip Code  ZWO 1 535 ROUND  Category (See categories listed at the top of this schedule)  EVENT EXPENSE  Candidate / Officeholder name  H  Payee name  HOME DED T	Office sought  Office held  ROCK TY 78664  Description (If travel outside of Texas, complete Schedule T)  FLACS	
EXPENDITURE  Complete ONLY if direct expenditure to benefit C/O  Date  Amount (\$)  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/O  Date	Candidate / Officeholder name  Payee name PARTY CTTY Payee address; City, State; Zip Code  Category (See categories listed at the top of this schedule)  EVENT EXPENSE  Candidate / Officeholder name  H  Payee name H  Payee address; City; State; Zip Code	Office sought  Office held  Office held  OCK TY 78664  Description (If travel outside of Texas, complete Schedule T)  FLACS  Office sought  Office held	
EXPENDITURE  Complete ONLY if direct expenditure to benefit C/C  Date  Amount (\$)  FURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name  Payee name PARTY CTTY Payee address; City, State; Zip Code  Category (See categories listed at the top of this schedule)  EVENT EXPENSE  Candidate / Officeholder name  H  Payee name H  Payee address; City; State; Zip Code	Office sought  Office held  Office held  OCK TY 78664  Description (If travel outside of Texas, complete Schedule T)  FLACS  Office sought  Office held	
EXPENDITURE  Complete ONLY if direct expenditure to benefit C/C  Date  Amount (\$)  FURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name  Payee name PARTY CTTY Payee address; City, State; Zip Code  Category (See categories listed at the top of this schedule)  EVENT EXPENSE  Candidate / Officeholder name  H  Payee name H  Payee address; City; State; Zip Code	Office sought  Office held  ROCK TY 78664  Description (If travel outside of Texas, complete Schedule T)  FLACS	
EXPENDITURE  Complete ONLY if direct expenditure to benefit C/C  Date  Amount (\$)  FURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name  Payee name PARTY CTTY Payee address; City, State; Zip Code  Category (See categories listed at the top of this schedule)  EVENT EXPENSE  Candidate / Officeholder name  H  Payee name H  Payee address; City; State; Zip Code	Office sought  Office held  ROCK TV 78664  Description (If travel outside of Texas, complete Schedule T)  FLACS  Office sought  Office held	
EXPENDITURE  Complete ONLY if direct expenditure to benefit C/C  Date  Arount (\$)  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/C  Date  A/JU  Amount (\$)  PURPOSE  PURPOSE	Candidate / Officeholder name  Payee name PARTY CTTY Payee address; City, State; Zip Code  Category (See categories listed at the top of this schedule)  EVENT EXPENSE  Candidate / Officeholder name  H  Payee name H  Payee address; City; State; Zip Code	Office sought  Office held  Office held  OCK TY 78664  Description (If travel outside of Texas, complete Schedule T)  FLACS  Office sought  Office held	
EXPENDITURE  Complete ONLY if direct expenditure to benefit C/C  Date  Amount (\$)  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/C  Date  Amount (\$)	Candidate / Officeholder name  Payee name PARTY CTTY Payee address; City, State; Zip Code  ROOI 535 ROUND  Category (See categories listed at the top of this schedule)  EVENT EXPENSE  Candidate / Officeholder name  Payee name HOME DETOT  Payee address; City; State; Zip Code  2551 5:35 Round Rock	Office sought  Office held  ROCK TY 78664  Description (If travel outside of Texas, complete Schedule T)  FLACS  Office sought  Office held	

#### **POLITICAL EXPENDITURES**

P.O. Box 12070

SCHEDULE F

	EXPENDITURE	<b>CATEGORIES</b>	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Co Solicitation/Fundra Travel In District Travel Out Of Dist Office Overhead/R	ising Expense T C crict	oan Repayment/Reimbursement ransportation Equipment & Related Expense ontributions/Donations Made By Candidate/Officeholder/Political Committee THER (enter a category not listed above)
	The Instruction Guide	explains how to	complete this form	
1 Total pages Schedule F:	2 FILER NAME			3 ACCOUNT # (Ethics Commission Filers)
4 Date 4/28	5 Payee name THE WATER	Jug In	1C	
6 Amount (\$)	7 Payee address; City; Sta	ite; Zip Code		
18,40	113 N. Mays.	ST	Round Ro	CX. TX 78664
8 PURPOSE	(a) Category (See categories listed at the top	of this schedule)	(b) Description (If	travel outside of Texas, complete Schedule T)
OF EXPENDITURE	EVENT EXPENSE ICE		ICE	
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sought	Office held
Date :H20	Payee name	•	-	
Amount (\$)	Payee address; City; Sta	ite; Zip Code		
62,79	1700 PALM VAILE	Row	us Rock	, Tx 78664
PURPOSE	Category (See categories listed at the top	of this schedule)	Description (If	travel outside of Texas, complete Schedule T)
OF EXPENDITURE	FOOD/DEVERAGE EXPE	inst	FOOD	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sought	Office held
Date	Payee name			
4/28	PARTY CITY		•	
Amount (\$)	Payee address; City; Star	te; Zip Code		
5311	2601 S.35 Ra	ND Rock	781064	
PURPOSE	Category (See categories listed at the top	of this schedule)		ravel outside of Texas, complete Schedule T)
OF EXPENDITURE	EVENT EXPENSE		PARTY SU	pplies / PLATES TETC
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sought	Office held
Date /	Payee name			
2/2le	SAMS CLUB			
Amount (\$)	Payee address; City; Stat	te; Zip Code	f ,	
295.36	ROUND ROCK	7	8664	
PURPOSE	Category (See categories listed at the top of	of this schedule)	Description (If t	ravel outside of Texas, complete Schedule T)
OF EXPENDITURE	FOOD/BEVERAGE EX	DENSE-	FOOD	

### **POLITICAL EXPENDITURES**

P.O. Box 12070

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Solicitation/Fu Food/Beverage Expense Travel In Distriction Polling Expense Travel Out Of	s/Contract Labor Loan Repayment/Reimbursement  Transportation Equipment & Related Expense ict Contributions/Donations Made By	
	The Instruction Guide explains how		
1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/28/14	5 Payee name WALMART		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
19,92	2701 535 ROUND ROCK TX 78664		
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)	
EXPENDITURE	FOOD/DEVERAGE EXPENSE	WAISIC	
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought Office held	
Date 4/26/14	Payee name  JOE JOHNSON / COZY		
Amount (\$)	Payee address; City; State; Zip Code	4	
200,00	LIBERTY, Ramo Roca	C TK 78664	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	FOOD DEVERAGE EXPENSE	BEVERAGES	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
430	· FACEBOOK ADJETETIS	146	
Amount (\$)	Payee address; City; State; Zip Code		
4.27			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	AOVERTISINO	ADVERTISING	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	